

Poglanina	Doto	
Beginning		
Expiration	Date:	
Resignation	on Date:	
Entered:		

Deputy Town Health Officer Recommendation Form

This is a:	New Appointment	Re-appointme	ent	
ls a resignation letter ne	eded from previous Heal	th Officer?	Yes ONo	
Start Date: 9/16/19	Town/Municip	pality: CITY	OF WINDOS	KI
County: CHITTEND	Full Name: _	LIAM K	EATING	_
Home Delivery Address: (DO NOT USE the Town Clei	k Office or a Business for you	ES HGIZE DA r Home Address)	COLCHETTER	
Street Address for UPS	Deliveries: <u>27 ん、</u>	ALLEN ST U	~1400SKI	T 05404
Email Address: LiLeo	TING @ WINGOSICI	VT. GOV		_
	College Other			
Professional Degree:	_(e.g. MD, RN, DVM, DD	OS) Occupation: A	1557. FIRE MA	MIHAL
Please give a brief state ndividual will make a go	ment noting why the sele od Health Officer:	ct board believes th	ne recommended	
Signed:		_		
Chair of the	Local Board of Health	Board I	Meeting Date	
Print Name:				_
Retui	rn completed recomme	endation form to	# 1	

VT Department of Health / Environmental Health
108 Cherry Street • PO Box 70
Burlington, VT 05402



Town Health Officer Oath / Affirmation

In taking actions as a Local Health Officer under the authority of 18 VSA Chapters 3 and 11, I do solemnly swear/affirm that I will be true and faithful to the State of Vermont, and that I will not, directly or indirectly, do any act or thing injurious to the Constitution or Government thereof, so help me God (oath)/under the pains and penalties of perjury (affirmation).

I do solemnly swear/affirm that I will faithfully execute the office of Local Health Officer for the municipality named below and therein do equal right and justice to all persons, to the best of my judgment and ability, according to law, so help me God (oath)/under the pains of penalties of perjury (affirmation).

-	(Signature)
_	(Name Printed)
	Local Health Officer for the Municipality of
State of Vermont	
County of, SS.	
Subscribed & sworn/affirmed before me	thisday ofin the year
-	Notary Public